



Details of Management Personnel required to be accepted as specified in MCAR - _____

1. Name of Organisation: _____

2. Approval Reference: _____

3. Name: _____

4. Position: _____

5. Qualifications relevant to the item (4) position: _____

6. Work Experience relevant to the item (4) position: (Continue overleaf if necessary)

Signature: _____ Date: _____

On completion, please send this form under confidential cover to Civil Aviation Department, 7th Floor, P.A Complex, Hilaalee Magu, Male' 20307, Republic of Maldives

CAD use only

Name and signature of authorised CAD staff member accepting this person:

Signature: _____ Date: _____

Name: _____ Designation: _____

Once authorised, a copy of the completed CAD Form 4 must be returned to the nominee.